

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)		<b>2 Total pages filed:</b>																																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:20%; border-bottom: 1px solid black;">FIRST</td> <td style="width:20%; border-bottom: 1px solid black;">MI</td> <td style="width:20%; border-bottom: 1px solid black;"></td> <td style="width:20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mr.</td> <td style="border-bottom: 1px solid black;">Andrew</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; text-align: center;">Nelson</td> </tr> </table>				MS / MRS / MR	FIRST	MI			Mr.	Andrew				NICKNAME	LAST		SUFFIX		Nelson					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td style="height: 100px; vertical-align: top;"> Date Received   <div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">7-14-17</div> </td> </tr> <tr> <td> Date Hand-delivered or Date Postmarked </td> </tr> <tr> <td> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </td> </tr> </table>		<b>OFFICE USE ONLY</b>	Date Received  <div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">7-14-17</div>	Date Hand-delivered or Date Postmarked	<table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	MS / MRS / MR	FIRST	MI																																	
Mr.	Andrew																																			
NICKNAME	LAST		SUFFIX																																	
Nelson																																				
<b>OFFICE USE ONLY</b>																																				
Date Received  <div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">7-14-17</div>																																				
Date Hand-delivered or Date Postmarked																																				
<table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged																															
Receipt #	Amount \$																																			
Date Processed																																				
Date Imaged																																				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:20%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; text-align: center;">720 N. Rosemary Dr., Bryan, TX 77802</td> </tr> </table>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	720 N. Rosemary Dr., Bryan, TX 77802																										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																																
720 N. Rosemary Dr., Bryan, TX 77802																																				
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:20%;">PHONE NUMBER</td> <td style="width:20%;">EXTENSION</td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">( 979 )</td> <td style="border-bottom: 1px solid black;">[REDACTED]</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION			( 979 )	[REDACTED]																									
AREA CODE	PHONE NUMBER	EXTENSION																																		
( 979 )	[REDACTED]																																			
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:20%; border-bottom: 1px solid black;">FIRST</td> <td style="width:20%; border-bottom: 1px solid black;">MI</td> <td style="width:20%; border-bottom: 1px solid black;"></td> <td style="width:20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mr.</td> <td style="border-bottom: 1px solid black;">Kenny</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; text-align: center;">Lawson</td> </tr> </table>				MS / MRS / MR	FIRST	MI			Mr.	Kenny				NICKNAME	LAST		SUFFIX		Lawson																
	MS / MRS / MR	FIRST	MI																																	
	Mr.	Kenny																																		
NICKNAME	LAST		SUFFIX																																	
Lawson																																				
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:20%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; text-align: center;">2901 Camelot, Bryan, TX 77802</td> </tr> </table>					STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2901 Camelot, Bryan, TX 77802																									
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																																
2901 Camelot, Bryan, TX 77802																																				
<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:20%;">PHONE NUMBER</td> <td style="width:20%;">EXTENSION</td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">( 979 )</td> <td style="border-bottom: 1px solid black;">220-4050</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>					AREA CODE	PHONE NUMBER	EXTENSION			( 979 )	220-4050																								
AREA CODE	PHONE NUMBER	EXTENSION																																		
( 979 )	220-4050																																			
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																							
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																																	
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																																	
<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%;"></td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">01</td> <td style="border-bottom: 1px solid black; text-align: center;">01</td> <td style="border-bottom: 1px solid black; text-align: center;">2017</td> <td style="text-align: center;">THROUGH</td> <td style="border-bottom: 1px solid black; text-align: center;">06</td> <td style="border-bottom: 1px solid black; text-align: center;">30</td> <td style="border-bottom: 1px solid black; text-align: center;">2017</td> </tr> </table>					Month	Day	Year		Month	Day	Year	01	01	2017	THROUGH	06	30	2017																	
Month	Day	Year		Month	Day	Year																														
01	01	2017	THROUGH	06	30	2017																														
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Month      Day      Year  11 / 08 / 2017 </td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </td> </tr> </table>					ELECTION DATE	ELECTION TYPE	Month      Day      Year 11 / 08 / 2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																											
ELECTION DATE	ELECTION TYPE																																			
Month      Day      Year 11 / 08 / 2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																																			
<b>12 OFFICE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Mayor</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>					OFFICE HELD (if any)	OFFICE SOUGHT (if known)	Mayor																												
OFFICE HELD (if any)	OFFICE SOUGHT (if known)																																			
Mayor																																				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**

Andrew Nelson

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,000.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

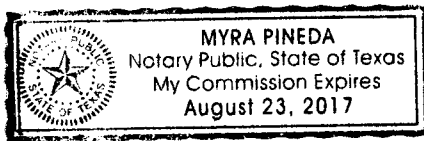
\$ 2,064.05

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 14,600.00

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

*Andrew Nelson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Nelson, this the 14<sup>th</sup> day of July, 20 17, to certify which, witness my hand and seal of office.

*Myra Pineda*

Myra Pineda

City Sec. Division Asst.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Andrew Nelson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,000.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**1****2** FILER NAME

Andrew Nelson

**3** Filer ID (Ethics Commission Filers)**4** Date

02/06/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben and Nancy Hardeman

**6** Contributor address;

City; State; Zip Code

1820 Gray Stone Dr., Bryan, TX 77807

**7** Amount of contribution (\$)

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.